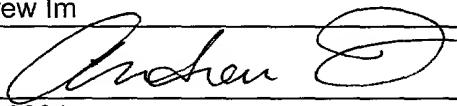


06-05-01

Please type a plus sign (+) inside this box <input type="text"/>			
UTILITY PATENT APPLICATION TRANSMITTAL			
<small>only for new nonprovisional applications under 37 CFR 1.53(b))</small>			
APPLICATION ELEMENTS <small>See MPEP Chapter 600 concerning utility patent application contents.</small>		ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (attached hereto in duplicate) 2. <input checked="" type="checkbox"/> Specification [Total Pages 55] <i>(Preferred arrangement set forth below)</i> <ul style="list-style-type: none"> - Descriptive Title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R&D - Reference to Microfiche Appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 3. <input checked="" type="checkbox"/> Drawing(s) [Total Sheets 48] 4. Oath or Declaration (incl. Power of Attorney) <ul style="list-style-type: none"> a <input type="checkbox"/> Newly executed (original or copy) b. Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional check boxes 5 and 16)</i> <ul style="list-style-type: none"> i. <input type="checkbox"/> <u>Deletion of Inventor(s)</u> <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small> 5. Incorporation by Reference <i>(useable if Box 4b is checked)</i> <small>The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.</small>		6. <input type="checkbox"/> Microfiche Computer Program (Appendix) 7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies ACCOMPANYING APPLICATION PARTS <ul style="list-style-type: none"> 8. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 9. <input type="checkbox"/> 37 CFR 3.73(b) Statement <i>(when there is an assignee)</i> <input type="checkbox"/> Power of Attorney 10. <input type="checkbox"/> English Translation Document (if applicable) 11. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 12. <input type="checkbox"/> Preliminary Amendment 13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 14. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> 15. <input checked="" type="checkbox"/> Other: Unexecuted Declaration/Power of Attorney	
16. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input checked="" type="checkbox"/> Continuation-in-Part (CIP) of prior application No: 209,105 filed June 2, 2000 17. <input type="checkbox"/> For this continuation application, please cancel original Claims _____ of the prior application before calculating the filing fee.			
18. CORRESPONDENCE ADDRESS <input checked="" type="checkbox"/> Customer Number or Bar Code Label 24972 or <input type="checkbox"/> Correspondence Address below Name: Fulbright & Jaworski L.L.P. Address:			
19. TELEPHONE CONTACT: Please direct all telephone calls or telefaxes to C. Andrew Im at: Telephone: (212) 318-3100 Fax: (212) 318-3400			
19. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED			
NAME	C. Andrew Im		Reg. No. 40,657
SIGNATURE			
DATE	June 4, 2001		

FEE TRANSMITTAL		<i>Complete if Known</i>	
		Application Number	To be assigned
		Filing Date	June 4, 2001
		First Named Inventor	JOHN E. WARE, JR. et al.
		Group Art Unit	To be assigned
		Examiner Name	To be assigned
		Attorney Docket Number	QMET-201

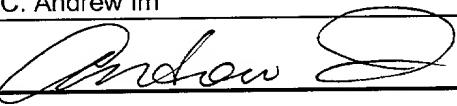
FEE CALCULATION

CLAIMS AS FILED

(1)	(2)	(3)	(4)	(5)
FOR:	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE \$710/355.00
TOTAL CLAIMS	40 - 20 =	20	X18/9.00	360.00
INDEPENDENT CLAIMS	4 - 3 =	1	x 80/40.00	80.00
MULTIPLE DEPENDENT CLAIMS	<input type="checkbox"/>	N/A		
			TOTAL FEES	\$1150.00

METHOD OF PAYMENT

- Please charge Deposit Account No.50-0624 in the amount of \$1150. A copy of this sheet is enclosed.
- A check for \$____ is enclosed.
- The Commissioner is hereby authorized to charge any additional fees, which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 50-0624. A copy of this sheet is enclosed.

SUBMITTED BY:		<i>Complete (if applicable)</i>	
Typed or Printed Name	C. Andrew Im		Reg. No. 40,657
Signature			Date: June 4, 2001
			Deposit Account No. 50-0624